

INSERT NAME OF PROJECT

PROVIDED FOR INFORMATION PURPOSES ONLY

NOT TO BE SUBMITTED BY OFFERORS

(If sending to references, delete the above.)

PAST PERFORMANCE QUESTIONNAIRE FOR
SOLICITATION NUMBER AOC RFP HB160030

The contractor listed below is being considered for a contract award by the Architect of the Capitol, Washington, DC. Your name has been provided as a customer reference regarding performance under a past contract with your **agency/company**. Your comments are considered Source Selection Sensitive, therefore, you are advised that your response will be safeguarded to the extent cited in the Federal Acquisition Regulation (FAR) 42.1503. FAR prohibits the release of past performance evaluations to other than other Government personnel and the contractor whose performance is being evaluated during the period the information may be used to provide source selection information.

In order to maintain the integrity of the source selection process, respectfully request that you do not divulge the name of the contractor nor discuss your comments on this questionnaire with any other individuals.

Your completion of this form will be greatly appreciated. Upon completion, email your form to Falvasha Alghussain at falghuss@aoc.gov.

Past Project Information:

1. Contractor (Prime): XYZ Inc.
2. Project Title : insert whatever the project was
1. Name: Agency/Company, POC _____ Date: _____
2. Phone No.: (xxx) xxx-xxxx Fax No. (xxx) xxx-xxxx
3. Address: _____
4. Position held or function in relation to project: _____

Ratings: Please evaluate the contractor's performance using the following ratings:

- | | |
|------------------|--|
| “O” Outstanding | The contractor's performance clearly exceeded the contract requirements. |
| “S” Satisfactory | The contractor's performance met the contract requirements. |

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“M” Marginal The contractor’s performance met the minimum contract requirements but with difficulty.

“U” Unsatisfactory The contractor’s performance was poor and/or did not satisfy contract requirements.

Please rate and provide supporting information for the following. If the rating is Outstanding or Unsatisfactory, please provide specific contract/job performance areas which were exceeded or not performed in accordance with the contract’s minimum requirements. (Use additional sheets as needed)

1. The relationship between the contractor and owner’s contract team/Contracting Officer/COR?.

_____ **Rating:** _____

2. The contractor’s on-site management and coordination of subcontractors.

_____ **Rating:** _____

3. The contractor’s overall corporate management, integrity, reasonableness and cooperative conduct.

_____ **Rating:** _____

4. Performance in meeting delivery/completion schedules: _____

_____ **Rating:** _____

5. What did the contractor do to improve schedule problems, if any? _____

_____ **Rating:** _____

6. The contractor’s quality control (CQC).

_____ **Rating:** _____

7. The contractor’s performance in delivering quality work in accordance with the contract:

_____ **Rating:** _____

8. The contractor's ability to provide the required work at a reasonable total price.

Rating: _____

9. The contractor's compliance with labor standards, if applicable..

Rating: _____

10. The contractor's compliance with safety standards.

Rating: _____

11. Has the contractor been given any of the following: Cure notice, show cause, letters of reprimand, suspension of payments, termination? If yes, please explain.

Rating: _____

12. Would you award another contract to this contractor? If no, please state reasons for not recommending this contractor additional work. _____

Rating: _____

13. Was the customer satisfied with the end product? _____

14. Has the contractor been provided an opportunity to discuss any negative performance ratings? If so, what were the results? _____

15. Has the contractor filed any claims?_____ How many? _____
and to what extent? _____

Claims outstanding/why? _____

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16. **OVERALL RATING**

Rating: _____

17. Please provide any additional comments:_____

NAME/TITLE:_____

AGENCY/COMPANY:_____

PHONE NUMBER:_____DATE:_____